

No. 22-7639

ORIGINAL

ILSC No. 129033

Supreme Court, U.S.  
FILED

MAR 20 2023

OFFICE OF THE CLERK

IN THE  
SUPREME COURT OF THE UNITED STATES

Hulan Verser — PETITIONER  
(Your Name)

VS.

People of the State of Illinois — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

The Petitioner been represented by the State of Illinois First District  
Office of the Appellate Defender. (can not recalled)

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

Hulan Verser  
(Signature)

**AFFIDAVIT OR DECLARATION**  
**IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Hulan Verser, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 17.00	\$ N/R	\$ 17.00	\$ N/A
Self-employment	\$ N/R	\$ 1	\$ N/R	\$ 1
Income from real property (such as rental income)	\$ N/A	\$ 1	\$ N/R	\$ 1
Interest and dividends	\$ N/R	\$ 1	\$ N/R	\$ 1
Gifts	\$ 4,300.00 approx.	\$ 1	\$ N/R	\$ 1
Alimony	\$ N/A	\$ 1	\$ N/R	\$ 1
Child Support	\$ N/A	\$ 1	\$ N/R	\$ 1
Retirement (such as social security, pensions, annuities, insurance)	\$ N/A	\$ 1	\$ N/R	\$ 1
Disability (such as social security, insurance payments)	\$ N/R	\$ 1	\$ N/R	\$ 1
Unemployment payments	\$ N/A	\$ 1	\$ N/R	\$ 1
Public-assistance (such as welfare)	\$ N/A	\$ 1	\$ N/R	\$ 1
Other (specify): <u>Food</u>	\$ N/R	\$ 1	\$ 100.00	\$ 1

Total monthly income: \$ 4,300.00      \$ Single      \$ 100.00      \$ Single  
approx.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>Only jobs: Inmate Worker</u>	<u>Sheridan Ctrs Center</u>	<u>January 2023</u>	<u>\$ 17.00</u>
			<u>\$</u>
			<u>\$</u>

3. List your spouse's employment history for the past two years, most recent employer first (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/R</u>	<u> </u>	<u> </u>	<u>\$</u>
			<u>\$</u>
			<u>\$</u>

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>Sheridan Ctrs Center</u>	<u>Trust Fund</u>	<u>\$ 2,000.00</u>	<u>\$</u>
<u>N/R</u>		<u>\$</u>	<u>N/R</u>
		<u>\$</u>	

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home  
Value N/R

Other real estate  
Value N/R

Motor Vehicle #1  
Year, make & model N/R  
Value \_\_\_\_\_

Motor Vehicle #2  
Year, make & model N/R  
Value \_\_\_\_\_

Other assets  
Description N/R (Do Not Apply)  
Value \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/R</u>	\$ <u>N/R</u>	\$ <u>N/R</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>N/R</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>N/R</u>	\$ <u>N/R</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/R</u>	\$ <u> </u>
Home maintenance (repairs and upkeep)	\$ <u>N/R</u>	\$ <u> </u>
Food	\$ <u>150.00</u>	\$ <u> </u>
Clothing	\$ <u>60.00</u>	\$ <u> </u>
Laundry and dry-cleaning	\$ <u>25.00</u>	\$ <u> </u>
Medical and dental expenses	\$ <u>N/R</u>	\$ <u> </u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ N/R	\$ N/R

Recreation, entertainment, newspapers, magazines, etc.	\$ N/R	\$ 1
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Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ N/R	\$ )
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Life	\$ N/R	\$ )
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Health	\$ N/R	\$ )
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Motor Vehicle	\$ N/R	\$ )
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Other: _____	\$ N/R	\$ )
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Taxes (not deducted from wages or included in mortgage payments)

(specify): _____	\$ N/R	\$ N/R; single
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Installment payments

Motor Vehicle	\$ N/R	\$ )
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Credit card(s)	\$ N/R	\$ )
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Department store(s)	\$ N/R	\$ )
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Other: _____	\$ N/R	\$ )
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Alimony, maintenance, and support paid to others	\$ N/R	\$ )
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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/R	\$ )
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Other (specify): <u>Have money saving for legal attorney fees,</u>	\$ 1,000.00	\$ )
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Total monthly expenses:	\$ 2,300.00	\$ single N/R
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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No If yes, describe on an attached sheet.

Legal Fee's: Attorneys

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form?  Yes  No

If yes, how much? 2,000.00 approx.

If yes, state the attorney's name, address, and telephone number:

contact: several attorneys no response back: ( trying to have order enter for my last appellate attorney)

Kelly Rane Burden, Office of the First District State Appellate Defender: (Assistant)

203 N. LaSalle St. 24th Floor, Chicago, IL 60601 (312) 814-5472

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes  No

If yes, how much? approx 200.00

If yes, state the person's name, address, and telephone number:

(Inmate paralegal) Sheridan Correctional Center

12. Provide any other information that will help explain why you cannot pay the costs of this case.

In the next few months: family financial problems: deciding to mail out \$1,500.00  
my female friend: been sending me money for legal and personal fee's...

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: March 16, 2023

Nolan Vesser #K-64095

(Signature)

Date: 4/26/2023

Time: 11:16am

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## Sheridan Correctional Center

## Trust Fund

## Inmate Transaction Statement

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REPORT CRITERIA - Date: Start thru End; Inmate: K64085; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No

Inmate: K64085 Verser, Hulon

Housing Unit: SGP-25-A -63

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					<b>Beginning Balance:</b>		<b>0.00</b>
09/28/21	Mail Room	15 JPAY	271200	135396695	Edwards, Antwon	50.00	50.00
09/29/21	Mail Room	15 JPAY	272200	135447046	Lewis, Tenee	75.00	125.00
09/30/21	Mail Room	15 JPAY	273200	135450701	Cheeks, Sharonda	50.00	175.00
10/01/21	Mail Room	04 Intake and Transfers In	2742192	227613	Stateville C.C.	3,081.88	3,256.88
10/05/21	Point of Sale	60 Commissary	2787121	797832	Commissary	-106.85	3,150.03
10/12/21	Point of Sale	60 Commissary	2857198	798789	Commissary	-14.95	3,135.08
10/14/21	Payroll	20 Payroll Adjustment	2871135		P/R month of 9 2021	2.64	3,137.72
10/21/21	Point of Sale	60 Commissary	2947157	800007	Commissary	-12.78	3,124.94
10/21/21	Mail Room	04 Intake and Transfers In	2942181	228197	Stateville C.C.	10.56	3,135.50
10/25/21	Mail Room	15 JPAY	298200	136234990	Cheeks, Sharonda	60.00	3,195.50
11/05/21	Point of Sale	60 Commissary	3097152	801439	Commissary	-81.73	3,113.77
11/10/21	Payroll	20 Payroll Adjustment	3141132		P/R month of 102021	13.00	3,126.77
11/11/21	Mail Room	15 JPAY	315200	136843036	Dorrough, Lynora	75.00	3,201.77
11/15/21	Mail Room	15 JPAY	319200	136946342	Lewis, Tenee	75.00	3,276.77
11/15/21	Mail Room	15 JPAY	319200	136954185	Edwards, Antwon	50.00	3,326.77
11/18/21	Point of Sale	60 Commissary	3227183	802746	Commissary	-69.49	3,257.28
11/22/21	Disbursements	84 Library	3263181	Chk #136074	84220240, DOC: 523 F, Inv. Date: 11/03/2021	-.50	3,256.78
11/22/21	Disbursements	84 Library	3263181	Chk #136074	84220325, DOC: 523 F, Inv. Date: 11/16/2021	-2.30	3,254.48
12/08/21	Point of Sale	60 Commissary	3427198	804045	Commissary	-130.68	3,123.80
12/10/21	Payroll	20 Payroll Adjustment	3441132		P/R month of 112021	15.88	3,139.68
12/17/21	Point of Sale	60 Commissary	3517152	805279	Commissary	-73.12	3,066.56
01/04/22	Disbursements	80 Postage	0043181	Chk #136640	80223324, U.S.P.S. C, Inv. Date: 12/03/2021	-1.96	3,064.60
01/04/22	Point of Sale	60 Commissary	0047152	806419	Commissary	-25.09	3,039.51
01/12/22	Payroll	20 Payroll Adjustment	0121132		P/R month of 122021	17.00	3,056.51
01/18/22	Mail Room	15 JPAY	018200	139125668	Edwards, Antwon	50.00	3,106.51
01/25/22	Mail Room	15 JPAY	025200	139329888	Cheeks, Sharonda	100.00	3,206.51
02/02/22	Point of Sale	60 Commissary	0337152	808082	Commissary	-165.90	3,040.61
02/10/22	Payroll	20 Payroll Adjustment	0411132		P/R month of 1 2022	22.00	3,062.61
02/17/22	Mail Room	15 JPAY	048200	140119695	Dorrough, Lynora	40.00	3,102.61
02/18/22	Mail Room	15 JPAY	049200	140151802	Randolph, Eboni	40.00	3,142.61
02/18/22	Point of Sale	60 Commissary	0497151	809487	Commissary	-141.30	3,001.31
03/03/22	Point of Sale	60 Commissary	0627157	810608	Commissary	-61.10	2,940.21
03/04/22	Mail Room	15 JPAY	063200	140698036	Lewis, Kala	50.00	2,990.21
03/10/22	Payroll	20 Payroll Adjustment	0691132		P/R month of 2 2022	21.20	3,011.41
03/16/22	Point of Sale	60 Commissary	0757183	811780	Commissary	-94.87	2,916.54
03/16/22	Point of Sale	60 Commissary	0757183	811781	Commissary	-16.92	2,899.62
03/18/22	Mail Room	15 JPAY	077200	141250319	Lewis, Tenee	50.00	2,949.62
03/24/22	Disbursements	82 Debts due to State (non-postage)	0833181	Chk #137795	82220371, DOC: 523 F, Inv. Date: 02/22/2022	-6.00	2,943.62
04/01/22	Mail Room	15 JPAY	091200	141758020	Cheeks, Sharonda	75.00	3,018.62
04/01/22	Point of Sale	60 Commissary	0917152	812844	Commissary	-88.59	2,930.03
04/15/22	Point of Sale	60 Commissary	1057198	813929	Commissary	-123.87	2,806.16
04/15/22	Payroll	20 Payroll Adjustment	1051135		P/R month of 3 2022	22.00	2,828.16
04/21/22	Mail Room	15 JPAY	111200	142488092	McKinnie, Connie	300.00	3,128.16
05/02/22	Mail Room	15 JPAY	122200	142880469	Dorrough, Lynora	75.00	3,203.16
05/02/22	Mail Room	15 JPAY	122200	142840962	Lewis, Kala	50.00	3,253.16
05/03/22	Mail Room	15 JPAY	123200	142921398	Edwards, Antwon	50.00	3,303.16
05/03/22	Point of Sale	60 Commissary	1237152	815095	Commissary	-111.16	3,192.00

Date: 4/26/2023

Time: 11:16am

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**Sheridan Correctional Center  
Trust Fund**

## Inmate Transaction Statement

REPORT CRITERIA - Date: Start thru End; Inmate: K64085; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance Errors Only ? : No

Inmate: K64085 Verser, Hulon

Housing Unit: SGP-25-A-63

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
12/16/22	Mail Room	15 JPAY	350200	150966117	McKinnie, Connie	100.00	4,355.84
12/22/22	Point of Sale	60 Commissary	3567152	830168	Commissary	-154.06	4,201.78
01/03/23	Mail Room	15 JPAY	003200	151616494	McKinnie, Connie	150.00	4,351.78
01/03/23	Point of Sale	60 Commissary	0037183	830211	Commissary	-97.61	4,254.17
01/12/23	Payroll	20 Payroll Adjustment	0121135		P/R month of 122022	22.00	4,276.17
01/13/23	Point of Sale	60 Commissary	0137157	831287	Commissary	-160.76	4,115.41
01/14/23	Mail Room	15 JPAY	014200	152025473	McKinnie, Connie	100.00	4,215.41
01/28/23	Mail Room	15 JPAY	028200	152499204	McKinnie, Connie	100.00	4,315.41
02/02/23	Mail Room	15 JPAY	033200	152693673	McKinnie, Connie	80.00	4,395.41
02/02/23	Point of Sale	60 Commissary	0337183	832551	Commissary	-166.79	4,228.62
02/08/23	Payroll	20 Payroll Adjustment	0391135		P/R month of 1 2023	18.65	4,247.27
02/16/23	Point of Sale	60 Commissary	0477206	833838	Commissary	-159.17	4,088.10
02/17/23	Mail Room	15 JPAY	048200	153275176	McKinnie, Connie	160.00	4,248.10
03/01/23	Mail Room	15 JPAY	060200	153748826	McKinnie, Connie	200.00	4,448.10
03/09/23	Point of Sale	60 Commissary	0687140	835327	Commissary	-195.55	4,252.55
03/09/23	Payroll	20 Payroll Adjustment	0681135		P/R month of 2 2023	16.20	4,268.75
03/18/23	Mail Room	15 JPAY	077200	154470511	McKinnie, Connie	150.00	4,418.75
03/22/23	Disbursements	84 Library	0813181	Chk #141160	84231389, DOC: 523 F, Inv. Date: 03/02/2023	-.70	4,418.05
03/22/23	Disbursements	84 Library	0813181	Chk #141160	84231278, DOC: 523 F, Inv. Date: 02/17/2023	-.60	4,417.45
03/22/23	Disbursements	84 Library	0813181	Chk #141160	84231276, DOC: 523 F, Inv. Date: 02/17/2023	-3.00	4,414.45
03/22/23	Disbursements	84 Library	0813181	Chk #141160	84231525, DOC: 523 F, Inv. Date: 03/20/2023	-14.90	4,399.55
03/22/23	Disbursements	81 Legal Postage	0813181	Chk #141161	81230712, U.S.P.S. C, Inv. Date: 03/20/2023	-2.94	4,396.61
03/22/23	Disbursements	81 Legal Postage	0813181	Chk #141161	81230713, U.S.P.S. C, Inv. Date: 03/20/2023	-2.94	4,393.67
03/23/23	Point of Sale	60 Commissary	0827198	836625	Commissary	-210.72	4,182.95
04/05/23	Mail Room	15 JPAY	095200	155140043	McKinnie, Connie	120.00	4,302.95
04/06/23	Point of Sale	60 Commissary	0967140	837576	Commissary	-159.88	4,143.07
04/13/23	Payroll	20 Payroll Adjustment	1031135		P/R month of 3 2023	17.00	4,160.07
04/19/23	Point of Sale	60 Commissary	1097206	838902	Commissary	-146.86	4,013.21
04/20/23	Mail Room	15 JPAY	110200	155680747	McKinnie, Connie	150.00	4,163.21

Total Inmate Funds: 4,163.21

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 4,163.21

Total Furloughs: .00

Total Voluntary Restitutions: .00

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: April 23, 2023

Hulon Verser

Signature of Applicant

Hulon Verser

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein, Hulon Verser, I.D.# K64085, has the sum of \$ 4,163.21 on account to his/her credit at (name of institution) Sheridan Correctional Center.

I further certify that the applicant has the following securities to his/her credit: —. I further certify that during the past six months the applicant's average monthly deposit was \$ 293.34.

(Add all deposits from all sources and then divide by number of months).

4/26/23

DATE

Lori Court-Hearn

SIGNATURE OF AUTHORIZED OFFICER

Lori Court-Hearn  
(Print name)